



**Township of Mansfield
Zoning Department**

100 Port Murray Road
Port Murray, NJ 07865
Fax: 908.689.2840

PERMIT NO.:

Michael Finelli, Zoning Official
908.689.6151 ext. 150

ZONING PERMIT APPLICATION

PERMIT FEES: Residential \$40 Commercial \$60 [Cash or Check -made payable to Township of Mansfield]

**** All Zoning Applications MUST be accompanied by a survey or plot plan, showing property lines, existing structures, septic system & well, etc., with the proposed work located and drawn to scale, including setbacks, height & dimensions. Applications submitted without a plan will NOT be accepted.****

PROPERTY INFORMATION

Block: _____ Lot: _____ Zone: _____ Lot Size: _____

Address of Property: _____

APPLICANT INFORMATION

Name _____ Phone _____

Address _____ City _____ State _____

E-mail _____ Zip _____

PROPERTY OWNER INFORMATION

Name _____ Phone _____

Address _____ City _____ State _____

E-mail _____ Zip _____

PROPOSED WORK

☐ Deck ☐ Sign **PROPOSED WORK:** (Describe in as much detail as possible the proposed work or use, including length, width, height and property setbacks.)
☐ Fence ☐ Use
☐ Shed ☐ Generator
☐ Addition ☐ Other

Applicant certifies that construction will not disturb any wetlands, transition areas, buffer zones or steep slopes. By signing this form, the Applicant and/or Owner of such property will take full responsibility for any incomplete, misleading or inaccurate information which may be the subject of revocation of the permit.

Applicant Signature _____ Date _____

***** FOR OFFICE USE ONLY *****

[] APPROVED

Use or structure permitted by Ordinance

Use made possible by _____ as approved on _____
and subject to any condition(s) as part of final resolution of approval

A valid pre-existing non-conforming use or structure

Approval Signature: _____
Zoning Official _____ Date _____

[] DENIED

Codes Violated: _____

Denial Signature: _____
Zoning Official _____ Date _____

******* FOR OFFICE USE ONLY *******

Revised 02/13/15

Payment: _____ Cash

\$ _____ Check # _____ Received by: _____ Date Received: _____